LICENSE, PERMIT & COMMERCIAL BOND APPLICATION

For license and permit, federal, commercial, fidelity, notary, and public official bonds. About 5 minutes to complete. A surety bond is not insurance: the business and its owners must repay the surety for any claim it pays. Sections marked REQUIRED are all we need to submit your request; the surety reviews it and may ask for more.

1 APPLICANT INFORMATION — REQUIRED

LEGAL BUSINESS NAME

PRIMARY CONTACT / TITLE | PHONE | EMAIL

BUSINESS ADDRESS | CITY / STATE / ZIP | YEARS IN BUSINESS | FEIN (FEDERAL TAX ID)

Entity type:

☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Nonprofit ☐ Other

2 BOND REQUEST — REQUIRED

BOND TYPE

Examples — License & permit: Auctioneer, Auto Dismantler & Recycler, Collection Agency, Contractor License, Debt Settlement & Collection, Fuel Tax, Funeral Director & Preneed, Health Club, Hunting & Fishing License Agent, Insurance Agent & Broker, Liquor License, Lottery Agent, Money Transmitter, Mortgage Broker, Motor Vehicle Dealer, Motor Vehicle Title, Oversize / Overweight Permit, Private Investigator, Real Estate Broker, Sales Tax, Seller of Travel, Surplus Lines Broker, Tax Preparer, Third-Party Administrator, Title Agent, Transient Merchant, Vessel Dealer. Federal: Customs, Freight Broker (BMC-84), Medicare DMEPOS, TTB Alcohol. Commercial: Concessionaire, Game of Chance, Lost Instrument, Professional Fundraiser, Service Contract Provider, Transfer Agent, Utility Deposit, Waste Hauler. Fidelity: Business Service, ERISA Fidelity, Employee Dishonesty. Notary and Public Official.

STATE OR AGENCY REQUIRING THE BOND | OBLIGEE (WHO REQUIRES THE BOND)

BOND AMOUNT ($) | DATE NEEDED | LICENSE / PERMIT / REGISTRATION NO. (IF ISSUED)

2-1 Is this a new bond? (Answer No if it renews or replaces a bond you have now.) ☐ Yes ☐ No

2-2 Has a bond claim ever been made against the business or any of its owners? ☐ Yes ☐ No

IF YES, EXPLAIN

3 OWNERS & INDEMNITORS — REQUIRED

Sureties review the credit of the owners who stand behind a bond. Most will ask the owners (and sometimes spouses) to sign a personal indemnity agreement before the bond is issued.

Owner / Indemnitor 1 (required)

FULL LEGAL NAME | TITLE / RELATIONSHIP | % OWNED | SOCIAL SECURITY NO. | DATE OF BIRTH

HOME STREET ADDRESS | HOME CITY / STATE / ZIP | EMAIL | PHONE

Owners / Indemnitors 2–4 (optional): add every owner of 10% or more and every spouse who will sign the indemnity.

Owner / Indemnitor 2

FULL LEGAL NAME | TITLE / RELATIONSHIP | % OWNED | SOCIAL SECURITY NO. | DATE OF BIRTH

HOME STREET ADDRESS | HOME CITY / STATE / ZIP | EMAIL | PHONE

This supplemental is an intake document. It does not replace any carrier application and affords no coverage.

Owner / Indemnitor 3

FULL LEGAL NAME	TITLE / RELATIONSHIP	% OWNED	SOCIAL SECURITY NO.	DATE OF BIRTH

HOME STREET ADDRESS	HOME CITY / STATE / ZIP	EMAIL	PHONE

Owner / Indemnitor 4

FULL LEGAL NAME	TITLE / RELATIONSHIP	% OWNED	SOCIAL SECURITY NO.	DATE OF BIRTH

HOME STREET ADDRESS	HOME CITY / STATE / ZIP	EMAIL	PHONE

☐ I authorize Cory Washington & Co. and the sureties it submits this application to, to obtain consumer credit reports on each person listed above for the purpose of underwriting this bond. Each person listed has agreed to this.

You can stop here — go to Signature on page 2. The optional sections that follow are not required to start a quote; completing them helps the surety review your request faster.

4 BOND & LICENSE HISTORY — OPTIONAL

CURRENT SURETY (IF RENEWING)	CURRENT BOND EXPIRATION DATE	PRIOR BOND AMOUNT ($)	YEARS LICENSED IN THIS FIELD

4-1 Are there unpaid liens, judgments, or tax liens against the business or any owner? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Has the business or any owner filed for bankruptcy in the past 7 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Has any license held by the business or an owner ever been suspended or revoked? ☐ Yes ☐ No
IF YES, EXPLAIN

5 ERISA FIDELITY BONDS ONLY — OPTIONAL

ERISA requires every person who handles plan funds to be bonded for at least 10% of the funds handled, with a $1,000 minimum and a $500,000 maximum per plan, or $1,000,000 for plans that hold employer securities (ERISA section 412, 29 U.S.C. 1112; 29 CFR Part 2580).

PLAN NAME	PLAN ASSETS ($)

6 SIGNATURE & FRAUD WARNING — REQUIRED

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties. State-specific fraud warnings appear on the insurer's application.

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE